

FORM
5A

Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
----	----	----	----

Document Number:

400217952

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 46290 4. Contact Name: Sherry Glass
2. Name of Operator: K P KAUFFMAN COMPANY INC Phone: (303) 825-4822
3. Address: 1675 BROADWAY, STE 2800 Fax: (303) 825-4825
City: DENVER State: CO Zip: 80202

5. API Number 05-123-32754-00 6. County: WELD
7. Well Name: Front Range Well Number: #11-17-6
8. Location: QtrQtr: NESW Section: 17 Township: 4N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 08/27/2011 Date of First Production this formation: 10/13/2011
Perforations Top: 7445 Bottom: 7460 No. Holes: 60 Hole size: 042/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

call for 6000 psi max kickouts 5800 psi open well.
pump active pad 60 bbls formation break 4331 psi @ 5.0 bpm.
isip. 2783 psi 1min 2517 psi 5 min 2251 psi . 532 psi leakoff.
pump FR water pap 762 bbls.
at 3676 psi @15.2 bpm.
pump 1 thru 4 ppg 235,945 #
Preferred Rock 20/40.
8,000 # SB Excel 20/40 57.1 bbls Active fluid pad .
2187.5 bbls phaser 2068.1bbls SLF.
avg press 4037 psi.
LOAD TO RECOVER 3166.9 BBLS.
avg rate 41.5 bpm.

This formation is commingled with another formation: ☒ Yes ☐ No

Test Information:

Date: 10/15/2011 Hours: 24 Bbls oil: 41 Mcf Gas: 412 Bbls H2O: 1
Calculated 24 hour rate: Bbls oil: 41 Mcf Gas: 412 Bbls H2O: 1 GOR: 10049
Test Method: flowing Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: SOLD Gas Type: BTU Gas: 1233 API Gravity Oil: 57
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

Bridge Plug Depth: Sacks cement on top:

FORMATION: NIOBRARA

Status: PRODUCING

Treatment Date: 08/28/2011

Date of First Production this formation: 10/13/2011

Perforations Top: 7130 Bottom: 7245 No. Holes: 64 Hole size: 042/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

formation break 4139 psi @4.6 1 m
isip 3472 psi 1 min
3403 psi
1
5 min 3238 psi pump 119 bbls active fluid pad @10.3 bpm at 3800 psi
2
pump FR water pad 1429 bbls @ 50.6 bpm at 4515 psi.
3
pump phaser pad 143 bbls @.
50.8 bpm 4502 psi.
4
pump phaser pad 167 bbls 7000# 1ppg 30/50 @ 50.8 bpm at 44732 p
73 PSI
5
pump phaser pad 786 bbls 66000 # 2 ppg 30/50 50.5 bpm at4586 psi.
6
pump phaser pad 5224 bbls 66000# 3 ppg 30.50 @50.5 bpm at 4555 psi.
7
pump phaser pad 310 bbls 39000# 3ppg 30/50@50.3 bpm at4462 psi.
8
pump phaser pad 238 bbls 40,000 # 4 ppgg 30/50 @50.6 bpm. At 4461 psi
9
pump phaser pad 143 bbls 24000 # 4 ppg 30/50 @ 50.5 bpm at 4369 psi.
10
pump phaser pad 48 bbls 8000 # SB Excel 20/40 @
11
flush 119 bbls @50.8 bpm at 4455 psi isip 3617 psi 5min 3419 psi
avg press 4511 psi rate 50.5 bpm
max press 5325 psi rate 51.4 bpm
ACTIVE FLUID PAD 117.7 BBLS
PHASER 2408.9 BBLS
SLF 2242.0 BBLS
LOAD TO RECOVER 4105.4 BBLS

This formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**

Date: 10/15/2011 Hours: 24 Bbls oil: 41 Mcf Gas: 412 Bbls H2O: 1

Calculated 24 hour rate: Bbls oil: 41 Mcf Gas: 412 Bbls H2O: 1 GOR: 10049

Test Method: flowing Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: SOLD Gas Type: BTU Gas: 1233 API Gravity Oil: 57

Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

Bridge Plug Depth: Sacks cement on top:

Comment:

DCP installed gas line after delay, ROW negotiated with landowner, access negotiated with landowner.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: Sherry Glass

Title: Engineering Technician Date: Email: sglass@kpk.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400217977	OPERATIONS SUMMARY

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)